

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/937649

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		1				
5		1				
6	1					
7		1				
8		5				
9		5				
10		5				
11		5				
12		5				
13		5				
14		5				
15		5				
16		5				
17		5				
18		5				
19		5				
20		5				
21		5				
22		5				
23	1					
24		5				
25			1			
26			1			
27				1		
28				1		
29				1		
30			1			
31				1		
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41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.			4			
TOTAL DEP.			20			
TOTAL CLAIMS			24			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS